

**POLICE AND FIRE**  
**COLLECTIVE BARGAINING AGREEMENT SUMMARY FORM**

**Section I: Agreement Details**

|                          |  |                    |                          |
|--------------------------|--|--------------------|--------------------------|
| Public Employer:         | Delran Township  | County:            | Burlington               |
| Employee Organization:   | Delran Sergeants Association   | Employees in Unit: | 8                        |
| Base Year Contract Term: | 1/1/2009      12/31/2011   | New Contract Term  | 1/1/2012      12/31/2015 |
| Type of Settlement:      | <input type="checkbox"/> Arbitrator's Award <input type="checkbox"/> Fact-Finder Recommendation <input checked="" type="checkbox"/> Voluntary Settlement |                    |                          |

**Section II: Statutory Definition of Base Salary**

N.J.S.A. 34:13A-16.7(a): **Base salary** is the salary provided pursuant to a salary guide or table and any amount provided pursuant to a salary increment, including any amount provided for longevity or length of service. It shall also include any other item agreed to by the parties, or any other item that was included in the base salary as understood by the parties in the prior contract. Base salary shall not include non-salary economic issues, pension, and health and medical insurance costs.

|  | Base Year - Total Costs<br>(Last Year of Previous Agreement) |   | New Base Year - Total Costs<br>(First Year of Successor Agreement) |   |
|--|--|---|--|---|
|  | Column A<br>Economic Inside Base Salary                      | Column B<br>Non-Salary Economic Outside Base Salary | Column C<br>Economic Inside Base Salary                            | Column D<br>Non-Salary Economic Outside Base Salary |
| <b>Section III: Economic - Costs inside base salary</b>  |  |   |  |   |
| Salary .....   | \$458,898  |   | \$468,075  |   |
| Increment .....  | \$0  | N/A   | \$0  | N/A   |
| Longevity .....  | \$40,162   |   | \$41,192   |   |
| <b>Section IV: Additional Costs</b><br><small>List economic items: indicate either inside or outside base salary as agreed to between the parties.</small> |  |   |  |   |
| <i>Item Description</i>  |  |   |  |   |
| Item 1 ..... Health Ins Retirement   |  | \$1,000   |  | \$1,000   |
| Item 2 ..... Education   | \$6,970  |   | \$6,970  |   |
| Item 3 ..... Shift D   | \$4,620  |   | \$4,620  |   |
| Item 4 ..... EMT Sipend  | \$1,400  |   | \$1,400  |   |
| Item 5 ..... Del. Sipend   | \$1,000  |   | \$1,000  |   |
| Item 6 ..... Overtime  |  | \$85,000  |  | \$90,000  |
| Item 7 .....   |  |   |  |   |
| Item 8 .....   |  |   |  |   |
| Item 9 .....   |  |   |  |   |
| Any additional items list on separate sheet  | Additional Items   |   |  |   |
| <b>Section V: Totals - Sum of costs in each column</b>   | <b>\$513,050</b>   | <b>\$86,000</b>                                     | <b>\$523,257</b>   | <b>\$91,000</b>                                     |
|  | (Total Economic)<br>Section III & IV                         | (Total Non-Salary<br>Economic)                      | (Total Economic)<br>Section III & IV                               | (Total Non-Salary<br>Economic)                      |

**Section VI: Analysis of new successor agreement**

**NEW AGREEMENT ANALYSIS**

Total Economic Base Year (previous agreement) \$513,050

| Effective Date (m/d/yyyy)                        | 1/1/2012 | 1/1/2013 | 1/1/2014 | 1/1/2015 |  |  |
|--|----------|----------|----------|----------|--|--|
| Percent Increase .....                           | 2        | 2        | 2        | 2        |  |  |
| Actual dollar increase.....                      | \$2      | \$2      | \$2      | \$2      |  |  |
| Total Economic Costs (successor agreement) ..... |          |          |          |          |  |  |

**Section VII: Impact of Settlement - average annual increase over term of agreement**

|   |          |
|---|----------|
| Percentage Impact (average per year over term of agreement) | 1.98     |
| Dollar Impact (average per year over term of agreement)     | \$10,619 |

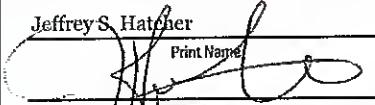
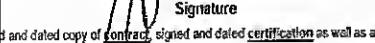
**Section VIII**

| Medical Costs               | Base Year | Year 1    |           |           |
|-----------------------------|-----------|-----------|-----------|-----------|
| Cost of Health Plan .....   | \$103,628 | \$112,156 | \$122,015 | \$133,240 |
| Employee Contributions..... | \$6,213   | \$12,976  | \$21,432  | \$27,145  |
| Prescription .....          | \$31,220  | \$33,698  | \$37,741  | \$42,722  |
| Dental .....                | \$7,160   | \$7,160   | \$6,020   | \$6,020   |
| Vision .....                | \$1,800   | \$1,800   | \$1,800   | \$1,800   |

*The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, she is subject to punishment.*

**Section IX**

Prepared by:

|   |  |  |
|---|--|--|
| <br>Jeffrey S. Hatcher<br>Print Name<br><br>Signature |  | Title: Business Administrator<br><br>Date: 10/7/2015 |
|---|--|--|

Send completed & signed form, a signed and dated copy of contract, signed and dated certification as well as a word processing version of contract to contracts@perc.state.nj.us

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